0010/PTO Rev. 6/95		U.S. Department of Commerce Patent and Trademark Office		Attorney Docket Number	DEXNON/096/US
	The second of th		First Named Inventor	HELEN VIAZMENSKY	
DECLARATION		COMPLETE IF KNOWN			
[xx]	Declaration OR r	[] Declaration Submitted after	Application Number		
	Submitted with Initial Filing		Submitted after	Filing Date	
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				Examiner Name	

As a heleve as		Examiner Name		
As a below named inventor, I he	reby declare that:			
My residence, post office addres				
I believe I am the original, first an illsted below) of the subject matte			inal, first and joint invent Invention antitled:	or (if plural names ar
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e specification of which	(Thie	of the Invention)		
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I hereby claim the benefit under Title 36, United States Code \$120 of any United States application(s), or \$385(c) of any PCT international application Thereby claim the benefit under Title 35, United States Lode \$120 or any United States application(a), or \$300(c) or eny PC1 intermethonal application designating the United States of America, listed below and, insolar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first perspected of Title 35, United States Code \$11.2, I acknowledge the duty to disclose information which is material to patternability as defined in Title 37, Code of Federal Regulations \$1.56 which became evaluable between the filing date of the prior application and the national or PCT international filing date of this application. U.S. Parent Application PCT Perent Parent Filing Date Number Parent Patent Number Number (MM/DD/YYYY) (if applicable) NONE [] Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto. As a named inventor, I haraby appoint the registered practitioners associated with the Customer Number provided below to presecute this application and to trensact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number: Firm Name: Alix, Yale & Ristas, LLP Customer Number 002543 I heraby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false exatements and the like so made are punishable by fine or impresonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor [] A patition has been filed for this unsigned inventor Given **HELEN** Middle Family Name VIAZMENSKY Initial Name HeliNic inventor's Date 1/21/200 Signature RESIDENCE: City AVON State CT Country USA Citizenship USA POST OFFICE ADDRESS 84 THOMPSON ROAD City **AVON** State Zio CT 06001 Country USA Applicant Authority Name of Additional Joint Inventor, if any: [| I A petition has been filed for this unsigned inventor PETER Middle Family Name SCOTT Suffla Unitial Neme Inventor's Date 1/2/120. Signature RESIDENCE: City **ENFIELD** CT Country USA Citizenship USA POST OFFICE ADDRESS

06082

Country

USA

Applicant Authority

EL 147621654 US

ENFIELD

City

7 SHANNON DRIVE

CT

State

] Additional inventors are being named on supplemental shoatfal attached hereto.